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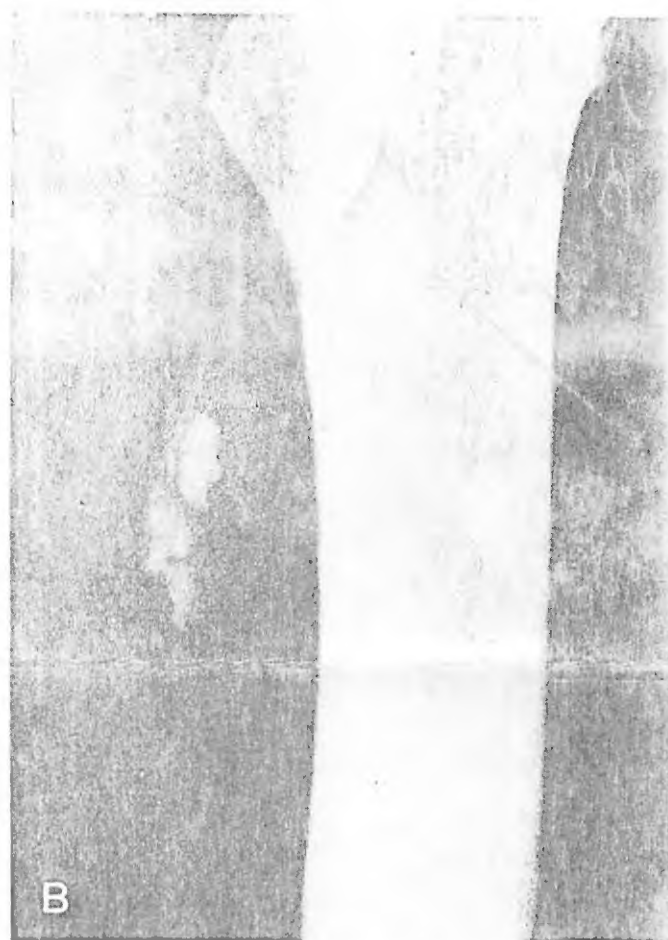
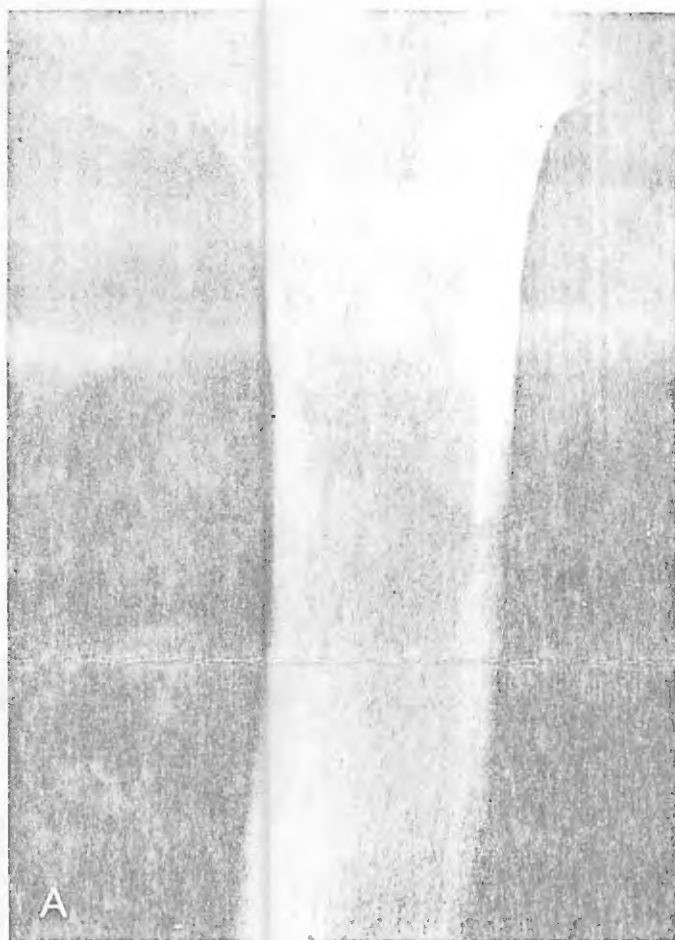


Figure 2. A: Acute calcific tendinitis of the gluteus maximus referred as suspected chondrosarcoma. B: Two days later, this radiograph shows typical fragmentation and partial resorption of the calcification. A later follow-up radiograph showed complete resorption of the calcific deposit.

cation in acute calcific tendinitis. Differentiation usually can be made by location, presence of an associated soft-tissue mass, and typical underlying bone involvement. A similar amorphous calcification can be seen in tumoral calcinosis but usually can be differentiated by its typical location and involvement of multiple areas. Calcifications in scleroderma occur in subcutaneous tissues and are associated with the characteristic clinical findings of that condition.

Clinical Features

In acute calcific tendinitis, the general clinical features are similar regardless of the tendon involved. The typical presenting pattern is that of 1 to 3 days of pain gradually increasing to an excruciating level. The pain is aggravated by motion of the involved part, and there is rather severe localized tenderness. Local swelling and mild erythema are evident if the tendon is superficial.

When the longus colli in the retropharyngeal area is involved, the severe pain is aggravated by swallowing as well as by motion of the head and neck. If a radiograph of the cervical spine is not obtained, the condition is misdiagnosed and treated as pharyngitis. The patient is thought to be overreacting to what appears to be a mild pharyngitis with a bit of swelling and erythema but no exudate. If the incongruence of severe symptoms associated with relatively mild physical findings alerts the astute

clinician to request a radiographic examination of the cervical spine, however, the correct diagnosis is established easily (Figure 3).

Usually, systemic symptoms are absent, although occasionally there may be low-grade fever and mild elevation of the erythrocyte sedimentation rate and white blood cell count. Typically, the pain reaches maximum in 2 to 3 days, about the time the patient generally seeks medical advice. Afterward, the pain gradually subsides and is completely gone in 1 to 2 weeks. Severity of the pain does not correlate directly with the size of the calcification.

Radiographic Findings

Typical calcifications of acute calcific tendinitis may be identified throughout the musculoskeletal system but are most commonly found in the rotator cuff area, with the supraspinatus tendon being the most commonly involved. Other locations including the flexor carpi ulnaris, adductor pollicis longus, interosseus dorsalis, gluteus maximus, pectoralis major, latissimus dorsi, and longus colli have been reported in the literature.

Radiographic findings are consistent regardless of the tendon involved. In the chronic phase, the calcification which is well contained within the tendon usually is very dense and sharply outlined with angular margins. In acute tendinitis, the calcification usually is less dense, is oval in configuration, and has a "paste-like" appearance. On oc-